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October 6, 2000  
Date

  
Steven L. Highlander

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Paul McCray et al.

Serial No.: 09/448,613

Filed: November 22, 1999

For: METHODS AND COMPOSITIONS FOR  
INCREASING THE INFECTIVITY OF  
GENE TRANSFER VECTORS

Group Art Unit: 1641

Examiner: Unknown

Atty. Dkt. No.: IOWA:022/SLH

**REQUEST FOR CORRECTED FILING RECEIPT**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

A corrected filing receipt is hereby requested in view of the error which appears in the original. For the convenience of the Patent and Trademark Office, attached is a photocopy of the original receipt on which the error has been noted in red.

There is an error in the Continuing Data as Claimed by Applicant, please delete, "THIS APPLICATION IS A CONTINUATION OF" and insert --**THIS APPLICATION CLAIMS THE BENEFIT OF--**

Because the error is not due to any error by Applicants, no fee is believed to be due in connection with the filing of this document. However, should any fee under 37 C.F.R. §§ 1.16 to

1.21 be deemed necessary for any reason relating to this document, the Assistant Commissioner  
is hereby authorized to deduct said fee from Fulbright & Jaworski Deposit Account No.: 50-  
1212/1008931/SLH.

Please date stamp and return the enclosed postcard evidencing receipt of these materials.

Respectfully submitted,



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Date: October 6, 2000

## FILING RECEIPT



\*OC00000005277225\*

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark OfficeAddress ASSISTANT SECRETARY AND  
COMMISSIONER OF PATENT AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/448,613	11/23/1999	1641	2180	IOWA:022	9	70	8

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Date Mailed: 07/28/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

**Applicant(s)**

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**Continuing Data as Claimed by Applicant**

THIS APPLICATION IS A CON OF 60/109,475 11/23/1998

Claims the benefit of  
Foreign Applications

If Required, Foreign Filing License Granted 12/21/1999

**Title**

METHODS AND COMPOSITIONS FOR INCREASING THE INFECTIVITY OF GENE TRANSFER VECTORS

**Preliminary Class**

435



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/448,613	FILING DATE 11/23/1999 RULE	CLASS 435	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. IOWA:022
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/109,475 11/23/1998

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 12/21/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IA	SHEETS DRAWING 9	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

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## TITLE

METHODS AND COMPOSITIONS FOR INCREASING THE INFECTIVITY OF GENE TRANSFER VECTORS

FILING FEE RECEIVED 2180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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